

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							APPLICANT(S) 397468109					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/						51					
2		/					52					
3		/					53					
4		/					54					
5		/					55					
6	/						56					
7		/					57					
8		/					58					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓	
TOTAL DEP.	1	↓		↓		↓	TOTAL DEP.		↓		↓	
TOTAL CLAIMS	3						TOTAL CLAIMS					